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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application - drawn of the first of the firs		
CLAIMS AS FILED - PART I								
	(Column 1) (Column 2)			SMALL	SMALL ENTITY		OTHER THAN SMALL ENTITY	
FÖR	NUMBER FILED NUMBE		BER EXTRA	RATE	FEE	7	RATE	T
BASIC FEE (37 CFR 1.16(a))					5	OR	- COLE	FEE
TOTAL CLAIMS (D7 CFR.1.16(c))	of films:	x0 = ·		X3 =		OR	X \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 Iminus	3 : '		X 3 =	 	1		
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(d))				1		OR	X 1=	
* If the difference in column 1 is less than zero, enter "O" in column 2.				4 <u></u>	 	OR	+5=	
	TOTAL	<u> </u>	OR	TOTAL	L			
DIA ON	MS AS AMENDE) – PART II						
U1109106	Polumo 1)	(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	THAN
Υ ' ' ' ' ' ' ' ' ' ' ' '	CLAIMS REMAINING	HIGHEST . NUMBER .	PRESENT	RATE	ADDI] _	RATE .	
Total or or n. M(cg) or or R 1. M(cg) or	AFTER VENER/VENT	PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE	·	AAIE .	ADOI- TIONAL
O profit.te(c)	Minus	79	1	12425		OR	×4.50	FEE
Z Independent par CFR 1.15(b))	Minus	- 24	1:	× 100		OR .	× 200	
FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))				180			21.0	
				TOTAL	-	OR	TOTAL	
	Column 1)			ADO'L FEE		OR *	ADD'L FEE	
6	CLAIMS	(Column 2) HIGHEST	(Column 3)		,	1 1		
1 1 10	emaining After	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Z Tolai	Minus	PAID FOR		06	FEE		- 70	FEE
Total (prore.t.etg)	Minus	-	-	1495		OR	** 50	
N CONTINUES	<u></u>	L	L	1410		OR	x4:100	
FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,19(4))				+3/8/		OR	+.360	
				TOTAL ADD'L FEE	<u>. </u>	OR	TOTAL ADD'L FEE	
(0	Olumn 1)	(Column 2)	(Column 3)	•		٠	•	
UI 1 24	CLAIMS EMAINING	HIGHEST NUMBER	PRESENT	RATE	ADDI-	ſ	RATE	ADDI
Z AM	AFTER ENDMENT	PREVIOUSLY PAID FOR	EXTRA	, ,	TIONAL	ı	MIE	TIONAL
Total *	Wins	•	•	1.25		OR	.5 0.+	PEE
C) (SF CFR 1.18(d) Z Independent (FF CFR 1.18(d)	Minus	•••	-	x: 100		OR		
FIRST PRESENTATION OF MATTPLE DEPONDENT CLAIM (D7 CFR 1.16(4))							2/01	
1					· '	OR	TOTAL	
ADD1 FEE OR ADD1 FEE OR ADD1 FEE								
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, onler 20".								

"If the Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "I".

The Trighest Number Previously Paid For' (I total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an explication. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.